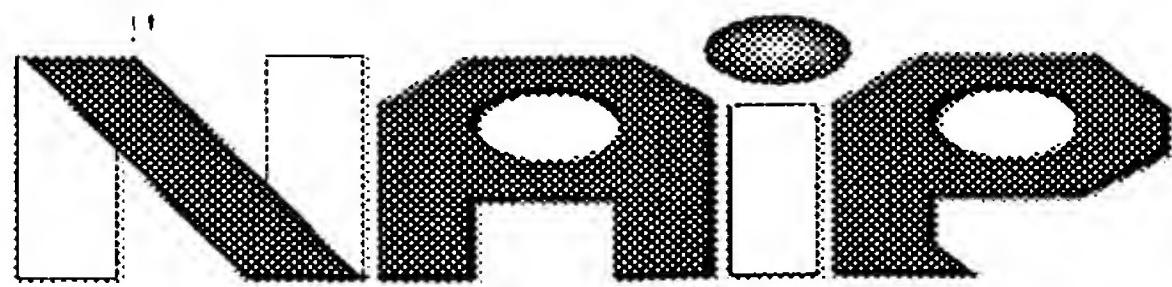


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Voice Mail: 302-729-1562

FAX: 806-498-6673

e-mail: winstonhsu@naipo.com

Customer No.: 27765

Commissioner for Patents
P.O. BOX 1450
Alexandria, VA 22313-1450

RESUBMISSION

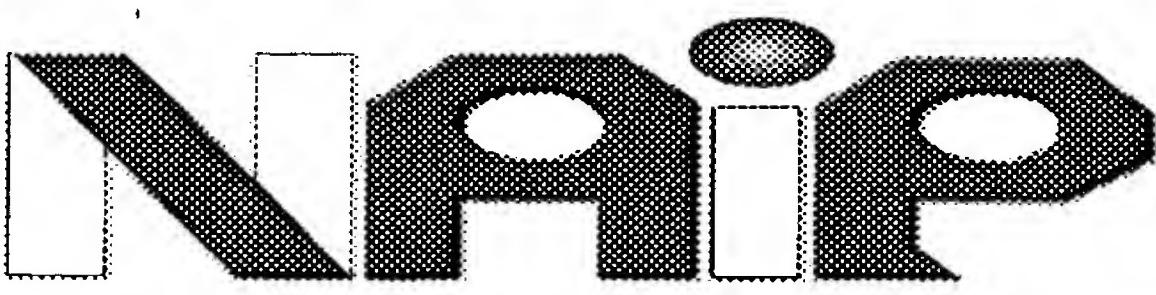
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Attorney Docket No.	Appl. No.	Type of Submission	Time of Submission	Fax No.	Total pages	Transmitting pages shown on our fax machine	Receiving pages shown on USPTO's return receipt
OSEP0009USA	10/711,794	ROA	07/26/2005 02:48AM	(571)273-8300	22	16	13+5
TRAP0013USA	10/710,366	ROA	07/26/2005 04:37 AM	(571)273-8300	14	6	2+1+3

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thank you.

Respectfully submitted,

Winston Hsu

Date: July 27, 2005

**Winston Hsu, Patent Agent No. 41,526
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Voice Mail: 302-729-1562
Facsimile: 806-498-6673
e-mail : winstonhsu@naipo.com**

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Fax To: YANG, LINA Art Unit: 2665	Tel: (571) 272-2128 Fax: (571) 273-8300
From : Winston Hsu, Registration No. 41,526	
Serial No.: 10/710,366	
Attorney Docket No.: TRAP0013USA	
Subject: Response to the Office Action mailed on 05/17/2005	
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Total Number of Pages in This Submission:	12	Attorney Docket Number: TRAPD013USA									
ENCLOSURES (Check all that apply)											
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Signature											
Typed or printed name	Date										
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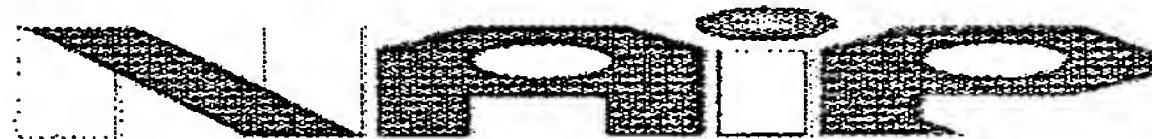
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		<small>Complete if Known</small>																																																	
<small>Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4078).</small>		<small>Application Number: 10/710,368 Filing Date: 07/05/2004 First Named Inventor: Heng-Chien CHEN Examiner Name: YANG, LINA Art Unit: 2665 Attorney Docket No.: TRAP0013USA</small>																																																	
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp. For the above identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments																																																			
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FEES CALCULATION																																																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																			
<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	Design	200	100	100	50	130	65	Plant	200	100	300	150	160	80	Reissue	300	150	500	250	600	300	Provisional	200	100	0	0	0	0
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																																														
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2. EXCESS CLAIM FEES																																																			
<small>Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Extra Claims Fee (\$)</small>																																																			
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3. APPLICATION SIZE FEE																																																			
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4. OTHER FEES																																																			
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<small>Signature: Winston Hsu</small>		<small>Registration No. 41,526 (Attorney/Agent)</small>																																																	
<small>Name (Print/Type): Winston Hsu</small>		<small>Telephone: 302-729-1562 Date: 07/26/2005</small>																																																	
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Serial No.: 10/710,366

Attorney Docket No.: TRA P0013USA

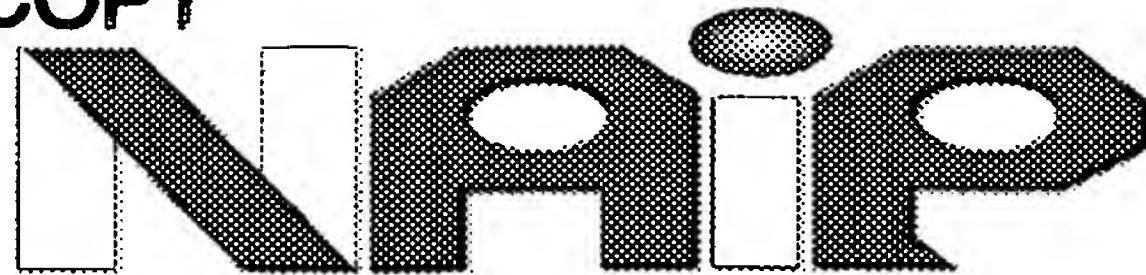
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